PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/2/07. OMB 0951-0025.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/085,524			ing Date 26/2 00 2	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY												
⊢	FOR					RATE (\$)	FEE (\$)	- OK	RATE (\$)	FEE (\$)		
×	BASIC FEE (37 CFR 1.16(a), (b),	-	NUMBER FILED N/A		N/A			N/A	370	i	N/A	TLL (0)
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A			N/A		1	N/A	
	EXAMINATION FE	E	N/A		N/A			N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		11 minus 20 =		· 0			X \$9 =	0	OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	2 minus 3 =		• 0			X \$42 =	0	1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								370	J	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN												
AMENDMENT	10/15/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 2	Minus	 20		= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0		X \$105 =	0	OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus					x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	***		=		x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Proviousy Paid For IN THIS SPACE is less than 20, enter" 20". "If the "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "2". Mis. J.T. Gaynor! The "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "2". The "Highest Number Proviousy Paid For IN THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, should be sent to the CEMPTO. USE 4 the complete and a Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Department fo